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CONFIRMATION NO. 5170

<b>SERIAL NUMBER</b> 10/701,207	<b>FILING OR 371(c) DATE</b> 11/04/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> INST482CON2	
<b>APPLICANTS</b> Luis A. Diaz, Yabucoa, PR; David Hershberger, Kalamazoo, MI;					
<b>** CONTINUING DATA *****</b> This application is a CON of 10/083,266 02/23/2002 PAT 6,679,862 which claims benefit of 60/271,187 02/23/2001					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/20/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PR	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 51017					
<b>TITLE</b> MEDICATION DELIVERY SYSTEM COMPRISING A COMBINED MEDICATION RESERVOIR, PUMP ASSEMBLY AND AN ACTUATOR ALLOWING CONTINUOUS FLUID COMMUNICATION THROUGH THE PUMP ASSEMBLY					
<b>FILING FEE RECEIVED</b> 1124	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		